

AMENDMENTS TO THE CLAIMS

1. (Previously Presented) A method of treating pouchitis in a human, comprising:
identifying a human having pouchitis; and
rectally administering at least once every 10 weeks to said human a pharmaceutical composition, wherein said composition comprises an antisense oligonucleotide having the nucleobase sequence recited in SEQ ID NO: 1, wherein the treatment reduces the occurrence of one or more clinical symptoms selected from the group consisting of stool frequency, rectal bleeding, fecal urgency, abdominal cramps, and fever, and wherein said treatment reduces said pouchitis.
2. (Original) The method of Claim 1, wherein said composition is an enema.
3. (Original) The method of Claim 1, wherein said composition is a suppository.
- 4-6. (Cancelled).
7. (Original) The method of Claim 1, wherein said composition further comprises a penetration enhancer.
8. (Original) The method of Claim 7, wherein said penetration enhancer is a surfactant, fatty acid, bile salt, chelating agent or non-chelating non-surfactant.
9. (Previously Presented) The method of Claim 1, wherein the antisense oligonucleotide comprises at least one modified internucleoside linkage.
10. (Previously Presented) The method of Claim 9, wherein the modified internucleoside linkage is a phosphorothioate linkage.
11. (Previously Presented) The method of Claim 1, wherein the antisense oligonucleotide comprises at least one modified sugar moiety.
12. (Previously Presented) The method of Claim 11, wherein the modified sugar moiety is a 2'-O-methoxyethyl sugar moiety.
13. (Previously Presented) The method of Claim 1, wherein the antisense oligonucleotide is a chimeric oligonucleotide having a plurality of 2'-deoxynucleotides flanked on each side by at least one nucleotide having a modified sugar moiety.
14. (Previously Presented) The method of Claim 13, wherein the modified sugar moiety is a 2'-O-methoxyethyl sugar moiety.

15. (Previously Presented) The method of Claim 1, wherein the antisense oligonucleotide comprises at least one modified nucleobase.

16. (Previously Presented) The method of Claim 15, wherein the modified nucleobase is a 5-methylcytosine.

17. (Previously Presented) The method of Claim 1, wherein the antisense oligonucleotide is in a salt form.

18-24. (Canceled).

25. (Previously Presented) The method of claim 1, wherein said treatment reduces a PDAI score by at least 6.

26. (Previously Presented) The method of claim 1, wherein said treatment reduces the endoscopy component of a PDAI score.

27. (Previously Presented) The method of claim 26, wherein said treatment reduces the endoscopy component of said PDAI score to zero.

28. (Previously Presented) The method of claim 1, wherein said treatment reduces the occurrence of one or more endoscopy symptoms selected from the group of edema, mucus exudate, granularity, friability, loss of vascular pattern, and ulceration.

29. (Previously Presented) The method of claim 28, wherein said treatment eliminates the occurrence of one or more endoscopy symptoms selected from the group consisting of edema, mucus exudate, granularity, friability, loss of vascular pattern, and ulceration.

30. (Previously Presented) The method of claim 1, wherein said treatment reduces the clinical symptom component of a PDAI score.

31. (Previously Presented) The method of claim 30, wherein said treatment reduces the clinical symptom component of said PDAI score to 2.

32. (Previously Presented) The method of claim 1, wherein said treatment eliminates the occurrence of one or more clinical symptoms selected from the group consisting of stool frequency, rectal bleeding, fecal urgency, abdominal cramps, and fever.

33. (Previously Presented) The method of claim 1, wherein said composition is an enema formulation comprising hydroxypropylmethylcellulose, and said composition is administered once daily.

34. (Previously Presented) The method of claim 33, wherein said enema comprises 240 mg of said antisense oligonucleotide.

35. (Previously Presented) The method of claim 1, wherein said treatment lasts for at least 3 weeks.

36. (Previously Presented) The method of claim 1, wherein said treatment lasts for at least 6 weeks.

37. (Previously Presented) The method of claim 1, wherein said antisense oligonucleotide is a single-stranded modified oligonucleotide.

38. (Previously Presented) The method of claim 37, wherein said antisense oligonucleotide consists of 20 linked nucleosides.

39. (Previously Presented) The method of claim 38, wherein each internucleoside linkage of said antisense oligonucleotide is a phosphorothioate linkage.

40. (Previously Presented) The method of claim 1, wherein the composition is administered at least once every 6 weeks.

41. (Previously Presented) The method of claim 1, wherein the composition is administered at least once a month.

42. (Previously Presented) The method of claim 1, wherein the composition is administered at least once a week.

43. (Canceled).

44. (Previously Presented) The method of claim 1, wherein said reduction in the occurrence of one or more clinical symptoms continues for at least one month after cessation of said treatment.

45. (Currently Amended) The method of claim 1, wherein said patient-human has chronic, unremitting pouchitis for more than four weeks in duration, wherein said method is more than 50% likely to cause remission of said pouchitis in said patient.